

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		6/16/04
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NH	617	
RESPONSE FORMALITY REVIEW			2-21-05

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	Original	7/5/04
2	✓	7/16/04
3	✓	7/16/04
4	✓	7/16/04
5	✓	7/16/04
6	✓	7/16/04
7	✓	7/16/04
8	✓	7/16/04
9	✓	7/16/04
10	✓	7/16/04
11	✓	7/16/04
12	✓	7/16/04
13	✓	7/16/04
14	✓	7/16/04
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40	✓	7/16/04
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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